

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10556723

FILING DATE

15 DEC 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		2				
6		4				
7	/					
8	/					
9		/				
10	/					
11		/				
12	/					
13	/					
14		/				
15		/				
16		/				
17		2				
18	/					
19		/				
20		/				
21		/				
22		/				
23			/			
24				/		
25				/		
26				/		
27				2		
28				/		
29			/			
30				/		
31			/			
32				/		
33			/			
34				/		
35				/		
36				/		
37				2		
38			/			
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47						
48						
49						
50						
TOTAL IND.	7	↓	5	↓		↓
TOTAL DEP.	20	←	13	←		←
TOTAL CLAIMS	27		18			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						